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## THE HIGHLANDS AND ISLANDS MEDICAL SERVICE SCHEME.

ADDRESS BY DR. ALEXANDER SHEARER.

AT the annual conference of the Scottish Association of Insurance Committees, held at Inverness on September 26th, an address was given by Dr. Alexander Shearer of the Department of Health for Scotland, who is specially in charge of the Highlands and Islands Medical Service Scheme.

At the outset Dr. Shearer said that when he was asked to give the address he felt he could not refuse the invitation, because he was fully convinced that not enough was known about the scheme which he helped to administer. No more humane and beneficent social service existed in the British Empire, and therefore the Department of Health had readily concurred in his suggestion that he should make a brief review of the service, both from its historical and from its present-day aspects.

Looking back upon the growth of the service, it was found that medical treatment and nursing in the Highlands and Islands prior to 1909 were luxuries beyond the reach of the normal Highland family. In 1911 a committee, under the chairmanship of the late Lord Forteviot, was appointed to make certain inquiries with regard to the provision of medical attendance in the Highlands and Islands of Scotland, and to advise as to the best method of securing a satisfactory medical service. This committee was hampered by lack of time, as the Chancellor of the Exchequer wished for an early report, but it made an exhaustive inquiry, and the outcome of its deliberations was the passing of the Highlands and Islands (Medical Service) Act, which sought to remedy the inadequacies prevalent. While it could not alter the natural obstacles and difficulties of both country and climate, it aimed at improving the facilities of that little but valiant body of Highland doctors who laboured against such heavy odds. It must not be forgotten that before the passing of the Act, the doctors were not only overworked, and possessed of almost impossible transport facilities in the shape of antiquated dogcarts, worn-out horses, and old-fashioned push bicycles, but their housing conditions were bad, and the life was dangerous on account of the exposure and the long hours without food.

Dr. Shearer paid a personal tribute to the doctors who were responsible for carrying out the scheme so efficiently; it was not until after the end of the great war that he was able to appreciate fully the enormous difficulties under which most of them had to do their daily work, and he was indeed often surprised that the medical service was maintained at all. The work went on willingly and cheerfully, and it was questionable if the fortunate Lowlander appreciated the hardships with which his Highland brother had to contend. Not only did the latter have to go long journeys and to perform his duties single-handed, but the standard of work expected of him was on a much higher plane than that of the doctor in the urban areas, where the specialist and the consultant were so readily available.

As the result of the activities of the Dewar Committee a fund was constituted in 1913—the Highlands and Islands Medical Service Fund—and it was indicated that the sum of £42,000 was to be paid into this fund annually from money voted by Parliament. In this way it was a direct State grant, and was for the specific purpose of "improving the medical service, including nursing, in the Highlands and Islands of Scotland, and otherwise providing and improving means for the prevention, treatment, and alleviation of illness and suffering therein."

### *Improved Conditions of To-day.*

Continuing, Dr. Shearer went on to consider the scheme at present in force, and said that one essential was the provision of an adequate medical service to the humblest home at a low uniform fee. It did not matter if the doctor had to travel one mile or twenty miles, or if his method of transport was by foot, private motor car, or a hired conveyance, he was limited in his charges to 5s. for a first visit and 3s. 6d. for subsequent visits; his agreement with the department stipulated that he could not charge more. In midwifery, and in certain other services, a bigger fee was allowed. The doctor's expenses were commonly adjusted by grants in each case, which, together with the patients' fees, made an adequate remuneration for the services performed; therefore, both patients and doctor were perfectly satisfied. In the Highlands and Islands, no matter how situated, it was now financially possible for every sick person to get medical advice and treatment, and this compared favourably with the pre-Act years, when the doctor was frequently sent for only when the patient was *in extremis*. One result of this subsidized service had been an enormous increase in the number of professional visits, indicating that the inhabitants of these outlying areas were taking full advantage of the scheme.

With such improved conditions of work it was natural that the best type of medical man should be attracted to these areas, and this contrasted very forcibly with the old regime. Within recent years it was quite common to have twenty or thirty applications for a vacancy, and in one case sixty-three medical men had applied for a post.

Transport was almost universally carried out by motor car, and in this way much valuable time was saved.

The housing of the doctors had been considerably improved, either by building new houses or by transforming existing dwellings into modern habitations. The fund was assisting as many as possible, and it was hoped that in time every doctor under the scheme would have a satisfactory dwelling. In no other type of medical work, said Dr. Shearer, was the comfortable home more essential, and it was a happy reflection to realize that it was possible for every medical man, after his arduous day's work, to sit down joyfully at his own cosy fireside. He had asked one or two doctors who had had experience of the Highlands and Islands before and after the Act for a brief impression of the present conditions, and without exception the replies showed the happiness which prevailed in this service. "Prior to the Act," wrote one who had been long resident in the Highlands, "it was undoubtedly a fact that the majority of Highland medical officers were living a hand-to-mouth existence. . . . The Act has undoubtedly been a great boon to the poorer people. It gives practically a universal medical service and up-to-date attention for the crofters, cottars, and dependants. It has also been a big help to the doctors carrying out their duties in difficult conditions of weather, distance, poverty, and adverse environment." Another wrote, "I like the homeliness, kindliness, and personal touch of Highland practice, but much as I love the Highlands and the work, I could not have stayed on here under old conditions. I can now give my patients the attention they require, and there is no dread of the day of reckoning. I believe that a finer medical service does not exist in the world, and I am proud to be a member of it."

*The Nursing Service.*

With regard to the nursing service, another expression of opinion stated that no words could reveal what nursing had done for the people. Country practice had been revolutionized, and the whole atmosphere of the homes had been changed, largely due to the quiet, pervasive influence of the nurses. The summing up of another doctor was that the comparison of medical work in the Hebrides in former times with that which obtained to-day was like the recollection of a terrible nightmare in the course of a good breakfast.

Contrasting the old methods with the present ones, Dr. Shearer mentioned that the nursing associations had received grants which enabled them to maintain a very fine service of district nurses. In addition to this, specialist services were also available, and thus hospitals could be run on modern lines. Where necessary, new houses could be built for doctors and nurses, and the telegraph and telephone service extended, while by the provision of laboratories and clinics, a dental and an ophthalmological service, the whole scheme was on an equal footing with that of any of the large centres. As showing how difficulties could be overcome by the assistance of the fund, Dr. Shearer told of cases where a surgeon had been sent from Edinburgh to Shetland, and also of one in which a complication of pregnancy, which had previously caused obstetric difficulties, was dealt with in a hospital where the expert medical and nursing skill resulted in a successful confinement. It was obvious from these two cases that, for financial reasons alone, patients could not otherwise receive the same amount of attention.

The root cause of the success of the scheme lay in the fact that it was flexible and adaptable, and, most fortunately, the civil servants who administered it endeavoured to make their outlook equally elastic. So far, he had heard nothing but commendation for the working of the scheme, and the official wheels evidently turned very smoothly.

Looking at the Highlands and Islands Medical Service in a comprehensive way, Dr. Shearer said that the medical services had been transformed completely, but the doctor still remained, as before, the "family doctor," with that kindly relationship which made the friendliness and good will, so essential in such a service, a possibility. Naturally the personnel, as he had mentioned before, had been improved; now the standard was such that there was active competition among first-class doctors for posts. There was no extravagant reward, but there was a real field for valuable, if sometimes strenuous, medical work, which would always have an attraction for those who place useful service before gain.

Dealing with the nursing services, Dr. Shearer said that there were very few areas where a nurse was not available, and most of the present staff were fully trained. As with the doctors, it was the aim of his department to provide the nurses with reasonable transport and comfortable homes, and vigorous efforts were proceeding in these directions. It was often heartbreaking to meet a nurse on the road riding a push bicycle with a Highland wind and rain in her face, and in these circumstances it was obviously impossible even for the strongest to give of her best. In many instances motor cycles had been provided, and even motor cars, and it was hoped that by various methods every nurse would have a small car of her own in the near future.

With the establishment of resident surgeons in Shetland, Lewis, and Orkney, a great change had taken place in the old routine, and now it was possible to perform major surgery in properly equipped hospitals, thus providing the inhabitants with exactly the same service as that of the more populous areas. There was no doubt that many lives had been saved since the introduction of this service. The Royal Northern Infirmary, Inverness, had been rebuilt in accordance with a plan to make it the central hospital of the Northern Highlands. In conclusion, Dr. Shearer said that Scotland had set the example to many parts of the world. In Kentucky, in Newfoundland, in South Africa, and elsewhere, ideas worked out and tested in Scotland were being adapted and applied to cognate problems. In short, the Highlands and Islands Medical Service was not only a ready help at home, but also a steady source of inspiration abroad.

## MERSEYSIDE HOSPITALS COUNCIL.

PROGRESS OF THE PENNY-IN-THE-POUND SCHEME.

THE second annual report (for 1929) of the Merseyside Hospitals Council contains a full list of the 3,000 firms or public bodies whose employees are contributing to the scheme. "Merseyside" embraces the district within a radius of ten miles of Liverpool Town Hall, and includes Liverpool, Birkenhead, Wallasey, and Bootle. In 1927 a penny-in-the-pound scheme of weekly contributions was inaugurated, whereby the work-people were enabled to support the hospitals on a regular and definite basis, aided by a percentage contribution from their employers, and securing for themselves and their dependants free maintenance when in-patients at the hospitals, or free out-patient service as the case might be. The income limits laid down in the Hospital Policy of the British Medical Association have been generally followed, with the modification that all manual workers are eligible. The scheme has made great headway since its recent start, and can now be declared to be a financial success. To quote the words of Lord Derby, who is president of the council, the propaganda has "touched the public conscience." "Our employers and their employees," he says, in a foreword, "have been shown a way of giving that steady consistent support to our hospitals which is far preferable to spasmodic charity"; and Lord Cozens-Hardy, the chairman of the council, states that the danger to the voluntary principle has been averted on Merseyside, and doctors, nurses, and governing bodies of hospitals can now carry on their work free from the incubus of increasing debt. The hospitals are able to meet not only current expenses, but capital commitments, and to face the problem of extensions, improvements, and new installations.

*Financial Provision.*

The number of contributors in the first year of the scheme (1927) was 58,200; in the second year it had risen to 153,142; in 1929 it was 219,000, and now it is stated to be not far short of a quarter of a million. The largest contributor is the Liverpool Corporation; here the employees' contributions last year amounted to £9,087, which was supplemented by £3,957 from the employers, making a total of £13,044. The Mersey Docks and Harbour Board contributed, employers

and employed together, £4,586. The revenue under the scheme in 1929 was £124,151, which overtopped the estimate by £24,000, doubled the figure for the previous year, and multiplied by more than four the sum received in 1927.

Of the funds available for allocation the voluntary hospitals received 70.5 per cent., representing a sum of £934,174, almost double the amount allocated for the previous year. A sum of £24,198 was also paid to Poor Law and unassociated hospitals for services rendered to contributors, and a grant of £1,968 was made to the radium fund. The associated voluntary hospitals include five general hospitals in Liverpool, headed by the Royal Infirmary, six women's and children's hospitals, and five special hospitals, also three hospitals in Birkenhead, two in Wallasey, and the Waterloo General Hospital. The Bootle Borough Hospital, though not an associated institution, accepts letters of introduction under the penny-in-the-pound scheme, and gives free hospital service to contributors and their dependants, and in return receives appropriate financial grants. In these voluntary hospitals over a quarter of a million individuals received treatment during the year.

Out of the amount allocated for voluntary hospitals, £3,100 was earmarked for medical staff funds. This sum relates only to the sixteen general and special hospitals of Liverpool (no mention is made of any earmarking in the case of the other hospitals) and one of these sixteen, the Royal Southern, which had £473 earmarked for this purpose, returned it as a contribution to the general fund. The proportion earmarked seems to vary considerably. In the case of the Liverpool Royal Infirmary, where £13,599 was distributed, the amount earmarked for the staff fund was £487, and approximately the same figures hold good for the David Lewis Northern Hospital. In the Liverpool Stanley Hospital, where the distribution was £5,243, the amount earmarked was £372, and the Royal Children's Hospital, with a distribution of £4,324, had £567 set aside for the staff fund.

The Merseyside Hospitals Council, in addition to certain life members, consists of representatives of the hospital governing bodies and honorary medical staffs, the municipalities, the university, the British Medical Association, the employers, the Public Assistance and Insurance Committees, organized labour (trade councils and unions), and the Merseyside Association of Hospital Contributors, a body formed to assist the voluntary hospitals to enlist subscribers and to safeguard the interests of the contributors and their dependants. A representative of the contributors has been included as a nominee of the council on each of the boards of management of the associated hospitals, and it is added that in every case he has been welcomed, and his suggestions have received every consideration.

The council is assisted by more than 600 voluntary workers, who are organized into district committees to cover the entire area, and so much voluntary work is at the disposal of the council that the expenditure on administration, a matter of £5,500, amounts to only 4.5 per cent. of the receipts.

*Difficulties to be Faced.*

Gratifying as these results are, it is admitted that much remains to be done, and some difficulties have yet to be cleared out of the way. The insured population in the area covered by the operations of the council is half a million, and these people are eligible for the scheme, but many of them, unhappily, are at present unemployed, and contributions from them in the near future are unlikely. On Merseyside many thousands of men and women cannot join the fund owing to lack of employment. This problem has made it necessary to insist that the Hospital Sunday collection, by which means £6,424 was raised last year, is needed just as much as ever for the benefit of the unemployed and for the very poor in hospital. The scheme itself, although a form of insurance for hospital benefit, is put forward on ideal lines, the suggestion being always made, not that the contributor himself may expect some day to be in hospital, but that his contributions will help the other person.

One direction in which progress is hoped for is by bringing in the many seamen of the Port of Liverpool. Already a number of the great steamship companies (including the Cunard) have linked themselves with the fund, and facilities have been offered by several shipowners for large numbers of sea-going men to contribute their penny in the pound.

In addition to collecting and distributing funds for ordinary service in hospitals, there has been arranged under the auspices of the council a convalescent and after-care department. This development has been extended in co-operation with some of the approved societies, and during the past year treatment of this kind was arranged for 1,228 patients at twenty-eight convalescent homes in various parts of the North of England. Contributors may also be sent to Buxton, Droitwich, and Harrogate for spa treatment on medical evidence of its necessity. Hospital patients who need surgical appliances are also assisted, and sickroom equipment, invalid furniture, and crutches are loaned. An ambulance service is available at all hours day and night for contributors, and a Daimler ambulance has been presented by the students of the University of Liverpool.

It is evidently felt, to judge from certain passages in the report, that the scheme should provide for non-manual workers beyond the present income limit. This, of course, will mean a great alteration in the scheme, and will require much consideration. The privileges of the scheme have also lately been extended to include single persons, with one dependant, earning not more than £5 a week, or, with more than one dependant, earning not more than £6 a week. To assist in the control of the out-patient service, the council has passed on to the Hospital Medical Staffs Association the proposal that, except in cases of emergency, all out-patients should be required to bring a note from their family doctor stating the medical history of their case. The British Medical Association representatives on the council some months ago furnished a memorandum on the medical position, the substance of which was published in the *Supplement* of April 5th (p. 104). It was there stated that the scheme had obviously been a godsend to the hospitals, but that it had imposed more severe duties on the hospital staffs. "If properly administered," the memorandum added, "there does not appear to be any reason why the scheme should affect the relations between patients and their family doctors."

# British Medical Association.

## CURRENT NOTES.

### Autumn Dinner of the Association.

THE Autumn Dinner will be held in the Great Hall of the Association's House on Tuesday next, November 11th, at 7.30 p.m. A large number of guests have been invited, and prominent members of the Government, the political parties, local government bodies, and kindred associations are expected to be present. It is hoped that many members of the Association will support the dinner, and those who intend to come are asked to make immediate application to the Financial Secretary, B.M.A. House, Tavistock Square, London, W.C.1. Ladies and lay friends may be invited. Price of tickets, not including wine, 15s.

### Sir Charles Hastings Clinical Prize.

The Sir Charles Hastings Clinical Prize, which consists of an illuminated certificate and a money award of fifty guineas, is again open for competition in respect of 1931. The following are the regulations governing the award:

1. The prize is established by the Council of the British Medical Association for the promotion of systematic observation, research and record in general practice; it includes a money award of the value of fifty guineas.
2. Any member of the Association who is engaged in general practice is eligible to compete for the prize.
3. The work submitted must include personal observations and experiences collected by the candidate in general practice, and a high order of excellence will be required. If no essay entered is of sufficient merit, no award will be made.
4. Essays, or whatever form the candidate desires his work to take, must be sent to the British Medical Association House, London, W.C.1, not later than December 31st, 1930, and the Prize will be awarded at the Annual General Meeting of the Association to be held at Eastbourne in July, 1931.
5. No study or essay that has been published in the medical press or elsewhere will be considered eligible for the prize, and a contribution offered in one year cannot be accepted in any subsequent year unless it includes evidence of further work.
6. If any question arises in reference to the eligibility of the candidate or the admissibility of his or her essay, the decision of the Council shall be final.
7. Each essay must be typewritten or printed, must be distinguished by a motto, and must be accompanied by a sealed envelope marked with the same motto, and enclosing the candidate's name and address.
8. The writer of the essay to whom the prize is awarded may, on the initiative of the Science Committee, be requested to prepare a paper on the subject for publication in the *British Medical Journal* or for presentation to the appropriate Section of the Annual Meeting of the Association.
9. Inquiries relative to the prize should be addressed to the Medical Secretary.

# Association Notices.

## BRANCH AND DIVISION MEETINGS TO BE HELD.

BIRMINGHAM BRANCH: NUNEATON AND TAMWORTH DIVISION.—An ordinary meeting of the Nuneaton and Tamworth Division will be held at the General Hospital, Nuneaton, on Wednesday, November 12th, at 3.30 p.m. Agenda: Report of representatives; inaugural address by the chairman.

BORDER COUNTIES BRANCH: ENGLISH DIVISION.—The following programme of meetings for 1930–31 has been arranged:

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| Nov. 7th. | Mr. H. Harvey Evers: B.M.A. Lecture on Ante-natal work. |
| Dec. 12th. | Annual dinner, preceded by a lecture on the early geological history of the Lake District by Dr. W. Goodchild. |
| Feb. | Clinical meeting at Workington. |
| April 17th. | Meeting at Blencathra Sanatorium, Threlkeld. |
| May | Annual general meeting. Consideration of Annual Report of Council. |
| June | Social and open-air meeting in the Lake District. |

All meetings to be held at Cockermouth except where otherwise stated. Members of other Divisions are invited to be present.

GLASGOW AND WEST OF SCOTLAND BRANCH: AYRSHIRE DIVISION.—The next meeting of the Ayrshire Division will be held at Irvine on Thursday, Novmber 13th. Professor James Hendry (Glasgow) will read a paper on placenta praevia.

KENT BRANCH.—The annual dinner of the Kent Branch will be held at the Wildernesse Country Club, Seal, near Sevenoaks, on Thursday, November 20th, at 7 p.m. (morning dress). Members may bring their wives and friends as guests. The dinner will be followed by an address on some notes on arterial blood pressure, by Dr. Isaac Jones, chief physician to the Metropolitan Police. A room will be provided for the ladies during the lecture, containing tables for bridge. Price of tickets, 10s. each; applications should be sent (accompanied by remittance) to the honorary secretary by November 14th.

LANCASHIRE AND CHESHIRE BRANCH: BURY, OLDHAM, AND ROCHDALE DIVISIONS.—A joint meeting of the Bury, Oldham, and Rochdale Divisions will be held in the Gentlemen's Cloak Room, Town Hall, Rochdale, on Wednesday, December 10th, at 8.30 p.m. Dr. E. P. Poulton, physician to Guy's Hospital, will give a British Medical Association Lecture on asthma.

METROPOLITAN COUNTIES BRANCH: CAMBERWELL DIVISION.—A clinical meeting of the Camberwell Division will be held at St. Giles's Hospital, Camberwell, on Tuesday, November 18th, at 9 p.m.

METROPOLITAN COUNTIES BRANCH: CITY DIVISION.—A clinical meeting of the City Division will be held, in conjunction with the Aesculapian Society, at the Metropolitan Hospital, Kingsland Road, E., on Friday, November 14th, when Dr. J. W. Linnell will show cases.

METROPOLITAN COUNTIES BRANCH: FINCHLEY DIVISION.—A meeting of the Finchley Division will be held at the Finchley Memorial Hospital on Tuesday, November 18th, at 8.45 p.m., when there will be a display of films by the Petrolagar Laboratories, Ltd.

METROPOLITAN COUNTIES BRANCH: HAMPSTEAD DIVISION.—A meeting of the Hampstead Division will be held at the Hampstead General Hospital, on Thursday, November 13th, at 8.30 p.m. Dr. W. S. C. Copeman, medical registrar to St. Mary's Hospital, will read a paper on some aspects of rheumatism and arthritis.

METROPOLITAN COUNTIES BRANCH: HARROW DIVISION.—A combined clinical meeting will be held by the Harrow and Hendon Divisions at the Redhill Hospital, Burnt Oak, on Friday, November 21st, at 8.30 p.m.

METROPOLITAN COUNTIES BRANCH: HENDON DIVISION.—A combined clinical meeting will be held by the Hendon and Harrow Divisions at the Redhill Hospital, Burnt Oak, on Friday, November 21st, at 8.30 p.m.

METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.—The following programme of meetings has been arranged by the Lewisham Division:

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| Nov. 11th. | Lewisham Hospital, S.E.13, 3.30 p.m. Clinical meeting arranged by Dr. H. Nockolds. Tea will be served. |
| Nov. 18th. | Town Hall, Catford, S.E.6, 8.45 p.m. Dr. H. Charles Cameron: Pneumococcal infections in childhood. |
| Nov. 25th. | St. John's Hospital, Lewisham, S.E.13, 8.45 p.m. Dr. John Gibbens: Demonstration of heart cases in children. |

METROPOLITAN COUNTIES BRANCH: SOUTH-WEST ESSEX DIVISION.—A clinical meeting of the South-West Essex Division will be held at the Connaught Hospital, Orford Road, E.17, on Tuesday, November 18th, at 3.30 p.m. A reception and dance in aid of the B.M.A. Charities Fund will be held at the Leyton Town Hall on Thursday, November 20th, at 8.30 p.m.

METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION. — The annual dinner of the Willesden Division will be held at the Criterion Restaurant on Sunday, November 23rd, at 7 for 7.30 p.m.

NORTH OF ENGLAND BRANCH.—A meeting of the North of England Branch will be held at the Royal Victoria Infirmary, Newcastle-upon-Tyne, on Thursday, November 20th, at 2.30 p.m. Papers: Dr. H. J. Slade, Bacteriology in diagnosis: Dr. F. J. Nattrass, Therapeutic problem of pain; Mr. F. C. Pybus, Experiences of radium; Mr. A. Hedley White, Carcinoma of the rectum; Professor R. P. Ranken Lyle, Diagnosis of presentations by abdominal inspection.

NORTH OF ENGLAND BRANCH: NEWCASTLE-UPON-TYNE DIVISION.—A reception and dance will be held by the Newcastle-upon-Tyne Division at the College of Medicine, on Thursday, November 20th, at 8.30 to 9 p.m. The guests will be received by Dr. Farquhar Murray (chairman of the Division) and Mrs. Farquhar Murray. Arrangements for card-playing will be made for those who do not desire to dance, and there will be facilities for parking cars. Tickets 5s. each, including light refreshments.

NORTH OF ENGLAND BRANCH: SOUTH SHIELDS DIVISION. — A meeting of the South Shields Division will be held at the Ingham Infirmary on Thursday, November 13th, at 8.15 p.m., when a lecture will be given by Mr. Thomas Gowans, entitled "External diseases of the eye: differential diagnosis and treatment."

NORTH OF ENGLAND BRANCH: SUNDERLAND DIVISION.—A meeting of the Sunderland Division will be held at the Royal Infirmary, Sunderland, on Tuesday, November 11th, at 9 p.m., when motions by the Executive Committee will be considered. A further notice of the meeting and a supplementary agenda will be issued. The annual address, entitled "Progress in plastic surgery," illustrated by lantern slides, will be given at the Royal Infirmary, Sunderland, on November 27th, at 5 p.m., by Sir Harold Gillies, chief plastic surgeon, Ministry of Pensions Hospital, Roehampton. The annual dinner of the Division will be held at the Palatine Hotel the same evening, when Sir Harold Gillies will be the guest of honour. The following programme of meetings has been arranged:

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| Dec. 17th. | Monkwearmouth and Southwick Hospital, Sunderland, 7.30 p.m. Clinical meeting. |
| Jan. 28th | Royal Infirmary, Sunderland, 8.15 p.m. Medical cinematograph exhibition. |
| Feb. 18th. | Discussion: The efficacy of the more recent proprietary pharmacological preparations. |
| Mar 18th. | Royal Infirmary, Sunderland, 8.15 p.m. Mr. H. Harvey Evers: Address on ante-natal care. |
| April 22nd. | Mr. C. D. Fenwick, Barrister-at-law: Address on the doctor as an expert witness. |
| May | A Thursday meeting at Sherburn Hospital. |

SOUTHERN BRANCH: PORTSMOUTH DIVISION.—A meeting of the Portsmouth Division (Lawyers' Night) will be held at the Queen's Hotel, Southsea, on Thursday, November 13th, at 9.30 p.m., preceded by a supper at 9 o'clock (charge 3s. 6d., including gratuities). An address on criminal abortion will be given by Dr. L. A. Parry. The subject will be dealt with partly from the legal side: lawyer friends may therefore be invited, and members of other Divisions will be heartily welcome. A clinical meeting of the Division will be held in the Out-patient Department, Royal Portsmouth Hospital, on Thursday, November 20th, at 3 p.m., clinical cases and specimens 3.45 p.m., tea 4 p.m., discussion. Members proposing to show cases or specimens should send short notes to the clinical secretary (Mr. C. A. Scott Ridout, St. Elmo, Clarendon Road, Southsea) by November 10th.

SOUTH WALES AND MONMOUTHSHIRE BRANCH.—A clinical meeting of the South Wales and Monmouthshire Branch will be held at the General Hospital, Merthyr, on Thursday, November 13th, at 3.45 p.m. Tea will be provided at its close. Agenda: Dr. Wentworth Taylor, A practical consideration of the term "uterine inertia," and the place of spinal anaesthesia in its treatment.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SWANSEA DIVISION.—A meeting of the Swansea Division will be held on Thursday, November 20th. Dr. Begg will read a paper on results of insulin treatment of diabetes.

SOUTH-WESTERN BRANCH: PLYMOUTH DIVISION.—A meeting of the Plymouth Division will be held at the South Devon and East Cornwall Hospital on Friday, November 14th. Mr. R. M. Handfield will lecture on common infections of the hand.

SUFFOLK BRANCH: WEST SUFFOLK DIVISION.—The armistice dinner will be held at the Angel Hotel, Bury St. Edmunds, on Saturday, November 15th, at 7.30 for 8 p.m. Tickets (price 10s., exclusive of wines) may be obtained from the honorary secretary, Dr. Bernard E. A. Batt (6, Angel Hill, Bury St. Edmunds) not later than Monday, November 10th. Members are invited to bring guests.

SURREY BRANCH: CROYDON DIVISION.—The following programme of meetings has been arranged:

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| Nov. 25th. | Dr. H. Thompson Barron: Some common skin diseases (with lantern illustrations). |
| Dec. 9th. | Mr. N. Bishop Harman: Some eye conditions found in general practice. |
| Jan. 27th. | Miss M. Chadburn: Menorrhagia and metrorrhagia—some practical points, and their treatment. |
| Feb. 24th. | Dr. J. Hutchinson. |
| Mar. 24th. | Mr. W. R. Bristow. |
| April 9th. | Annual dinner. |
| May 7th. | Annual meeting, followed by an address by Dr. F. Hernaman-Johnson. |
| June | Annual meeting of Surrey Branch. |

All meetings to be held at the Croydon General Hospital at 8.30 p.m.

SURREY BRANCH: RICHMOND DIVISION.—A meeting of the Richmond Division will be held at the Royal Hospital to-day (Friday, November 7th), at 9 p.m., when Dr. Brackenbury, Chairman of Council, will give an address on the Annual Report of Council.

SUSSEX BRANCH: BRIGHTON DIVISION.—A clinical meeting of the Brighton Division will be held at the Poor Law Infirmary on Thursday, November 20th, at 3.45 p.m.

WORCESTERSHIRE AND HEREFORDSHIRE BRANCH: HEREFORD DIVISION.—The sixth of the series of post-graduate lectures arranged under the auspices of the University of Birmingham, will be given at the Herefordshire General Hospital on Friday, November 14th, at 3.30 p.m., by Professor W. H. Wynn, on modern views on asthma and its treatment.

YORKSHIRE BRANCH: DEWSBURY DIVISION.—The following syllabus of meetings of the Dewsbury Division has been arranged for the session 1930–31:

Dec. 3rd. The Coffee Pot, Longcauseway, Dewsbury. Dr. A. Fulton (Divisional Medical Officer, Ministry of Health): The work of the regional medical staff.
Jan. 14th. The Coffee Pot, Longcauseway, Dewsbury. Mr. Digby Chamberlain: Infections of the hand.
Feb. 11th. The Coffee Pot, Longcauseway, Dewsbury. Dr. Leonard Findlay (London): B.M.A. Lecture.
Mar. Annual dinner.
April Annual meeting.

YORKSHIRE BRANCH: HALIFAX DIVISION. — A meeting of the Halifax Division will be held at the White Swan Hotel on Wednesday, November 12th, at 8.30 p.m. Dr. H. Yellowlees (London) will read a paper on diagnosis and treatment of neurasthenia in general practice.

YORKSHIRE BRANCH: SCARBOROUGH DIVISION.—The following programme of meetings has been arranged:

Nov. 13th. Mr. Collinson (Leeds): Some recent aspects of surgery.
Dec. 4th. Annual dinner.
Dec. 11th. Mr. Harry Lee (Leeds): The eye in general practice.
Jan. 22nd. Dr. Maxwell Telling (Leeds).
Feb. 19th. Dr. MacAdam (Leeds).
Mar. 19th. Clinical meeting at the Hospital.

YORKSHIRE BRANCH: SHEFFIELD DIVISION.—A meeting of the Sheffield Division will be held in the Medical Library, the University, on Friday, November 28th, at 8.45 p.m. Mr. A. Tudor Edwards will give a British Medical Association Lecture on recent developments in thoracic surgery.

# Meetings of Branches and Divisions.

MALAYA BRANCH: SINGAPORE DIVISION.

THE first meeting of the Singapore Division of the Malaya Branch was held in the College of Medicine, Singapore, on September 26th. In the past only Branch meetings have been held in Singapore, so the meeting marked a new stage in the history of the Malaya Branch. More than sixty members attended this very successful inaugural function. Dr. G. V. Allen was appointed chairman, and Dr. J. H. Strahan honorary secretary.

Dr. HOOPS, in his introductory remarks, congratulated the Division on renewed signs of activity; he recalled the fact that in 1921, when Sir David Galloway was president of the Malaya Branch, and Dr. J. W. Scharff its secretary, bi-monthly meetings were held in the Chinese Garden Club, and were very well attended. He hoped that further meetings would be held in November and in January, and urged the members to take advantage of the facilities that were offered for discussion of interesting cases.

Dr. MCKENNA exhibited a patient suffering from an obscure intracranial auditory nerve tumour. A lively discussion followed, in which Professor HARROWER, Sir DAVID GALLOWAY, and Dr. RUSSELL took part. Dr. SCHARFF gave an account, illustrated by lantern slides, of comparative antimalarial methods in Italy and Malaya; this was based on experiences of antimalarial work in the Straits Settlements, and on a malaria study tour which he had attended in July, 1929. Dr. Scharff referred to the splendid results which had been achieved by the Italian workers in the Roman Campagna, the Pontine Marsh, and elsewhere in Italy and the islands of Sicily and Sardinia. The members were then shown a number of pathological specimens exhibited by Dr. J. A. C. TULL (Government pathologist). Finally, Dr. R. WALKINGSHAW described a recent improvement that he had devised in the analysis of hospital statistics.

METROPOLITAN COUNTIES BRANCH: SOUTH-WEST ESSEX DIVISION.

A MEETING of the South-West Essex Division was held at the Wesleyan Schoolrooms, Leyton, on October 14th, when Dr. PHILIP was in the chair, and seventeen members and several non-members were present. Dr. Broderick was elected to fill a vacancy on the Executive Committee. Members willing to keep records of midwifery cases for the help of the investigation of maternal mortality and puerperal fever were asked to give in their names.

Professor F. J. BROWNE of University College Hospital gave an address on ante-natal diagnosis and treatment. After paying tribute to the work of the general practitioner in midwifery, he went on to describe the varieties of contracted pelves. He stressed the supreme importance of testing the relative size of the foetal head to the pelvic inlet at the thirty-sixth week of pregnancy, this being a far more important test than pelvic measurements. He advocated induction for minor degrees of overlapping and Caesarean section at term (or trial labour with facilities for Caesarean section if necessary) for marked overlapping. He commented on the great difficulty in diagnosing between pregnancy nephritis and chronic nephritis with pregnancy, since he found blood pressure and chemical tests of little help; in pregnancy toxaemia, however, the blood pressure test was a help, since it was frequently raised some weeks before albumin appeared. The treatment for chronic nephritis and pregnancy was induction, unless the case cleared up in two or three weeks with treatment. Professor Browne then mentioned a new hormone which was being extracted from the urine of pregnant women; this produced abortion experimentally in mice, but apparently did not affect the human uterus. The meeting closed with a short discussion and a vote of thanks to Professor Browne.

NORFOLK BRANCH: WEST NORFOLK DIVISION.

A MEETING of the West Norfolk Division was held on October 9th at the West Norfolk and King's Lynn Hospital, when Dr. J. L. FORREST was in the chair, and twelve other members were present. A discussion on meningitis was opened by Drs. APPLETON and HOLMES-WATKINS, and all those present contributed their experience of the disease.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SWANSEA DIVISION.

THE first meeting of the session of the Swansea Division was held at the Swansea General Hospital on October 9th, when Mr. E. ALBAN EVANS was in the chair, and thirty-five members were present.

The CHAIRMAN delivered his address, entitled "Some points in the diagnosis of diseases of the ear, nose, and throat," covering a great deal of ground, and giving instances from his experiences in British practice and in foreign clinics. A discussion followed, in which many members took part. On the motion of Dr. MACDONALD, seconded by Dr. W. L. GRIFFITHS, a vote of thanks was accorded to Mr. Evans with enthusiasm.

SURREY BRANCH: GUILDFORD DIVISION.

A MEETING of the Guildford Division was held at the Royal Surrey County Hospital, Guildford, on October 9th. In the absence of the chairman of the Division, Dr. H. O. Blanford, Dr. H. W. HUNT, the vice-chairman, presided. Further discussion of the resolution by the Executive Committee on the proposed alteration of Branch and Division areas was postponed to the next meeting.

Dr. E. GRAHAM LITTLE, M.P., addressed the meeting on the subject of the British Medical Association's proposals for a general medical service. In his opinion there was not very much to choose betwen the alternatives of a universal contract service and a universal State service. The adoption of either would result in the assumption by the State of complete control of the medical profession. Recent events had made plain the dissatisfaction felt by the insured community with the present system of national health insurance, and it seemed inopportune to bring forward proposals that would stereotype the present system upon the whole of the community. On the other hand, encouraging success had attended a movement described as the London Medical Service, by which general medical practitioners were themselves inaugurating a contributory scheme for medical insurance for persons unable to pay fees in the ordinary way. It should not be assumed, said Dr. Little, that because the Council and the Representative Body had passed certain resolutions, therefore the Association was committed to them.

Mr. N. E. WATERFIELD hoped that the members would not be swept away by Dr. Little's eloquence into a condemnation of the B.M.A. scheme for inclusion of dependants, but would suspend judgement until they had heard an equally eloquent exponent of the other side. He could not imagine any system of private practice under which the indigent or semi-indigent patient could obtain a better supply of medicines and appliances than under the panel system. In times of industrial depression practitioners in depressed areas were hard put to it to make a living; under a scheme for inclusion of dependants in a panel system this serious menace would be removed. The patients would receive proper medical attention, and the doctors would not have to feel anxiety about where their fees were coming from.

Dr. R. THORNE THORNE asked what alternative was suggested by anyone who condemned the Socialist plan *in toto* and at the same time disagreed with the scheme put forward by the British Medical Association.

Dr. MITCHELL complained that enough publicity was not given in the *Journal* to such an important matter as this scheme for a general medical service.

Dr. BLUETT challenged Dr. Little's statement that the Association did not represent the wishes of the whole of the medical profession. The profession had only itself to blame if it did not take advantage of the adequate means of representation which existed.

Sir JAMES BARR recalled the days of the Insurance Bill campaign, when the Representative Body passed a resolution to the effect that contract practice under that scheme would be derogatory to the profession. Those doing the real work under the Insurance Act were underpaid, and were sacrificing their independence for a pittance, while those who tried to do their work conscientiously were liable to severe penalties for over-prescribing. If medical men paid more attention to their own health they would be better able to look after the health and diseases of the community, and teach the public that prevention was better and cheaper than cure.

After other members had taken part in the discussion, the proceedings closed with a vote of thanks to Dr. Little, proposed by Mr. E. W. SHEAF and seconded by Dr. FLEMING.

The Division held its annual dinner on the evening of the same day at the Angel Hotel, with Dr. HUNT in the chair. The guests included the Mayor of Guildford (Mr. C. T. Bateman), the prospective Conservative and Liberal candidates, the Provost of the Cathedral Church (Canon Kirwan), and the Borough Coroner (Mr. F. W. Smallpeice). The toast of "The Guests," proposed by the CHAIRMAN, was acknowledged by the MAYOR and Dr. GRAHAM LITTLE; and the toast of "The British Medical Association" was proposed by Canon KIRWAN and responded to by Dr. THORNE THORNE.

# Correspondence.

## UNINFORMED CRITICISM OF INSURANCE PRACTICE.

SIR,—In the current issue of the *Supplement*, in a section of the report of the Panel Conference headed "Uninformed criticism of insurance practice," Dr. Dain is recorded as having said: ". . . It was very unfortunate that responsible people like the heads of departments, the Chairman of the Welsh Board of Health, for example, and people in the public eye, like Lord Riddell and Dr. Graham Little, should make statements which could only have resulted from insufficient knowledge. They were unfair to practitioners, who were not present when the statements were made, and who had no possibility of getting back on the publicity given to the original utterance." To add insult to injury, a reprint of this section in the form of a leaflet appears to have been circulated by the Medical Secretary of the British Medical Association to my medical colleagues in Parliament, and doubtless to many other persons.

During the parliamentary recess I have addressed two bodies of general practitioners—(1) the Paddington Medical Society on September 9th, and (2) the Guildford Division of the British Medical Association on October 9th. An adequate report of the first address, and a fairly complete précis of the second, are published in the *Medical Press and Circular* of September 17th and October 22nd respectively. Of neither of these occasions is it true to say that there were no practitioners present when the statements were made; on neither occasion did I criticize the insurance medical service, except by quotation from documents of the authority of the report of the Government actuary on sick benefit, the report of the Royal Commission of 1924–26, and the report of the Ministry of Health for the current year, sources of knowledge which it is surely absurd to describe as "uninformed."

I think that it is up to Dr. Dain to specify the statements which he attributes to me, and which he considers constitute "uninformed criticism of insurance practice."—I am, etc.,

House of Commons, Nov. 3rd. E. GRAHAM LITTLE.

# National Insurance.

## LONDON PANEL COMMITTEE.

AT the meeting of the London Panel Committee, held at the House of the British Medical Association on October 21st, with Dr. H. J. CARDALE presiding, Dr. T. F. Meyrick and Dr. W. King Brown were appointed members of the committee to fill vacancies in the representation respectively of Lewisham and Camberwell. The resignation was accepted, with regret, of Dr. A. L. Baly, a member of the committee representing non-panel practitioners resident south of the Thames.

### *Administrative Expenses of Panel Committees.*

A letter was considered from the Medical Practitioners' Union affirming that it was inequitable that the whole of the expenses of Panel Committees should be borne by insurance practitioners. It was realized that if the expense were borne either wholly or partly by the Government some form of departmental supervision or control would be instituted, but the independence of Panel Committees would not necessarily be jeopardized. Insurance Committees and approved societies had not been in any way oppressed by the supervision and control exercised over them by the Ministry of Health. The Panel Committee agreed with the Medical Practitioners' Union that it was not equitable that the whole of the administrative expenses of Panel Committees should be borne by practitioners, but thought that any steps to remedy the present position would need very great consideration, and that the present was not an opportune time to embark on such measures.

### *Procedure of Medical Service Subcommittees.*

Certain suggested new rules of procedure for the Medical Service Subcommittee were submitted by the Insurance Committee and approved. The principal alteration appeared to be a new rule that the clerk should send to the respondent a copy of the statement made by the complainant, and on receipt of any further statement or reply from one party should send it to the other. The rule hitherto has been that "relevant extracts" of the statements should be sent.

### *Unethical Announcement.*

The committee had before it the case of a practitioner who had affixed to bottles of medicine a printed label stating (in addition to his name and address) that "every insured person is entitled to transfer from one doctor to another at any time for medical, dental, or ophthalmic treatment." It had been brought to the notice of the practitioner that such an announcement was tantamount to advertising, but he had replied that he would await the return of his legal adviser, who was on holiday. The committee approved the sending of a further letter couched in strong terms, requesting him to desist from using this label in future, failing which further action would be taken.

### *Inclusion of Dependants.*

The remainder of the committee's business was the consideration one by one of the resolutions on the agenda of the Annual Conference of Panel Committees, with a view to the instruction of its representatives. Discussion arose on the motion set down by the Insurance Acts Committee that the time is now ripe for the medical profession to ask for the inclusion under the insurance service of the dependants of insured persons. Dr. PARTRIDGE moved that the representatives of the London Committee be instructed to oppose this motion. The CHAIRMAN said that this would be a very difficult instruction to follow, in view of previous expressions of opinion by representatives of insurance practitioners that dependants should be included. But whatever the feelings of members might be on the question in the abstract, the situation had been greatly changed by the new Local Government Act, which made it extremely probable that, if steps were not taken to bring dependants under the care of insurance practitioners, they would be treated by whole-time medical officers. Dr. Partridge withdrew his amendment, and it was agreed to support the motion of the Insurance Acts Committee.

## INVESTIGATION OF ALLEGED EXCESSIVE PRESCRIBING.

IN the issue of the *London Panel Committee Gazette* for October it is announced that the duty of investigating cases of alleged excessive prescribing, referred to the London Panel Committee by the Ministry of Health, has been delegated by the committee to its Pharmacy Subcommittee. By this delegation the Pharmacy Subcommittee has power to determine and report to the Minister of Health whether there is, in its opinion, any excess, and if so, to assess the amount of such excess. Where a practitioner's prescribing is referred to the Panel Committee by the Minister as apparently excessive he will be invited to attend before the Pharmacy Subcommittee *only* to submit his observations, and will not have the right of appearing before the Pharmacy Subcommittee and the Panel Committee as heretofore. This change, it is stated, has been rendered necessary owing to the fact that the size of the committee makes it exceedingly difficult, if not absolutely impossible, to give the adequate and detailed consideration which these cases require.

THE London insurance practitioners' annual dinner and dance will be held on Thursday, November 27th, at the Criterion Restaurant, Piccadilly, W. (reception 7 p.m., dinner 7.30 p.m. prompt). The price of the tickets for the dinner and dance is 17s. 6d. each, or six tickets for £4 10s. (exclusive of wines); and for the dance only, 7s. 6d. each, or six tickets for £2 2s. (including light refreshments). Dancing will commence at approximately 10 p.m., and will continue until 2 a.m. This function is organized for the benefit of all insurance practitioners in London and their friends, and affords an opportunity for practitioners to meet their colleagues and to become acquainted with the officers of the committee. Tickets can be obtained from the medical secretary, London Panel Committee, 17, Russell Square, W.C.1, or from any member of the committee.

# Naval and Military Appointments.

## ROYAL NAVAL MEDICAL SERVICE.

Surgeon Lieutenant W. Greaves, R.N.V.R., to be Surgeon Lieutenant.

Surgeon Lieutenants G. Phillips to the *Vivid*, for H.M. Dockyard, Devonport; H. Lee-Duncan to the *Mantis*; J. G. Currie to the *Vivid*, for R.M. Infirmary, Plymouth; V. F. Walsh to the *Hastings*.

## ROYAL NAVAL VOLUNTEER RESERVE.

Probationary Surgeon Sublieutenant A. J. Beard to be Surgeon Sublieutenant.

M. K. Brice and E. A. H. Hindhaugh have entered as probationary Surgeon Lieutenants, and attached to List 2, London Division.

## ROYAL ARMY MEDICAL CORPS.

Lieutenants to be Captains: A. McMillan, W. G. S. Foster.

Lieutenant P. W. A. Agnew resigns his commission.

## ROYAL AIR FORCE MEDICAL SERVICE.

Flight Lieutenant C. P. O'Toole to R.A.F. Depot, Uxbridge.

Flying Officer P. J. McNally is granted a permanent commission in this rank.

REGULAR ARMY RESERVE OF OFFICERS.

ROYAL ARMY MEDICAL CORPS.

Lieut.-Colonel J. D. Bowie, D.S.O., to be Lieutenant-Colonel, with seniority February 15th, 1928.

INDIAN MEDICAL SERVICE.

Lieutenant-Colonel to be Colonel: Brevet Colonel R. McCarrison, C.I.E., K.H.P. (supy.).

Brevet Colonel G. D. Franklin, C.I.E., O.B.E., K.H.S., on return from leave, has resumed charge of the duties of the Residency Surgeon, Hyderabad.

The services of Major B. G. Mallya are placed temporarily at the disposal of the Government of Bengal, for employment in the Bengal Civil Medical Department, and his services transferred permanently from the Jail Department.

Captain (prov.) B. N. Hajra is confirmed in his present rank.

To be Captains (prov.): G. D. Malhotra, B. P. Baliga, A. N. Chopra, R. R. Bakhshi, R. K. Tandon, Lieutenant K. H. A. Gross, Lieutenant A. K. M. Kahn (on probation).

To be Lieutenants: P. V. Bamford, H. D. R. Zscherpel, A. K. Gupta, A. K. Chaudhuri, B. D. Khurana, D. C. Chopra, J. Singh, D. P. Mitra.

TERRITORIAL ARMY.

ROYAL ARMY MEDICAL CORPS.

Lieut.-Colonel R. Errington, M.C., to be Brevet Colonel.

Major G. J. Linklater, O.B.E., to be Lieutenant-Colonel, and to command 155th (Lowland) Field Ambulance.

Captain T. E. Hastings, M.C. (late 5th Battalion Inniskilling Fusiliers), to be Lieutenant, and to relinquish the name of Captain.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS.

Lieut.-Colonel A. E. Evans, from the active list, to be Lieutenant-Colonel.

Captain W. H. A. Dodd, from the active list, to be Captain.

**COLONIAL MEDICAL SERVICES.**

Dr. H. Morison promoted Senior Pathologist, Nigeria. Dr. J. A. A. Duncan, M.C., Senior Sanitary Officer, Nigeria, appointed Assistant Director of Health Services, Sierra Leone. Dr. G. R. Gribben appointed Port Medical Officer, Brighton, Trinidad. Dr. G. L. Alexander has been confirmed in his appointment as Medical Officer, West African Medical Staff (Sierra Leone). Dr. G. S. Escoffery appointed Medical Officer of Health, St. Catherine, Jamaica. Dr. J. H. Forde appointed Medical Officer (on probationary service), Government Medical Service, Jamaica.

## VACANCIES.

ARGYLL COUNTY COUNCIL.—Medical Officer for Medical Service Area of Kilfinichen and Kilvicheon in the Island of Mull and Island of Iona. Salary includes payment of £135 from the County Council.

BIRMINGHAM CITY.—(1) Surgeon to the Selly Oak Hospital. (2) Assistant Pathologist to the Dudley Road and Selly Oak Hospitals. (3) Resident Assistant Medical Officer (female) at Erdington House. (4) Assistant Medical Officer for Maternity and Child Welfare. Salary for (1) £700 per annum, rising to £1,000, for (2) and (4), £500, rising to £700, and for (3) £350 per annum.

BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN.—House-Surgeon. Salary £75 per annum.

BRADFORD ROYAL EYE AND EAR HOSPITAL.—Junior House-Surgeon (male). Salary £150 per annum.

BRIGHTON: LADY CHICHESTER HOSPITAL FOR EARLY NERVOUS BREAKDOWNS.—Junior and Senior House-Physicians (women). Honorarium £50 and £100 per annum respectively.

BURNLEY: VICTORIA HOSPITAL.—House-Physician (male). Salary £150 per annum.

CONNAUGHT HOSPITAL, Orford Road, E.17.—Resident House-Surgeon (male). Salary £100 per annum.

DARLINGTON GENERAL HOSPITAL.—House-Surgeon. Salary £150 per annum.

EAST HAM MEMORIAL HOSPITAL, E.7.—(1) Honorary Physician. (2) Honorary Surgeon. (3) Honorary Radiologist.

ELIZABETH GARRETT ANDERSON HOSPITAL, Euston Road, N.W.—(1) House-Physician. (2) Obstetric Assistant. (3) Three House-Surgeons. (4) Clinical Assistants. Women. Salary for (1) to (3), £50 per annum.

EXETER: ROYAL DEVON AND EXETER HOSPITAL.—House-Physician (male). Salary £150 per annum.

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—Assistant Pathologist. Salary £500 per annum.

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL, Haverstock Hill, N.W.3.—Casualty Medical Officer (female, unmarried). Salary £100 per annum.

HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.3.—Assistant in the Department of Pathology. Salary £350 per annum.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.1.—(1) House-Surgeon. (2) House-Physician. (3) Part-time Junior Casualty Officer. Salary for (1) and (2) £100, and for (3) £150 per annum.

HUDDERSFIELD COUNTY BOROUGH.—Assistant Medical Officer of Health. Salary £500 per annum, rising to £700.

HULL: CITY AND COUNTY OF KINGSTON-UPON-HULL.—Assistant Medical Officer (unmarried) at Beverley Road Institution (Hospital). Salary £300 per annum.

HULL ROYAL INFIRMARY.—Assistant House-Physician (male). Salary £130 per annum.

IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—House-Surgeon (male). Salary £120 per annum.

KENT AND CANTERBURY HOSPITAL, Canterbury.—Honorary Surgeon.

KENT COUNTY OPHTHALMIC AND AURAL HOSPITAL, Maidstone.—Ophthalmic House-Surgeon (male, unmarried). Salary £200 per annum.

KETTERING AND DISTRICT GENERAL HOSPITAL.—House-Surgeon. Salary £200 per annum, plus inquest and certificate fees.

KIDDERMINSTER AND DISTRICT GENERAL HOSPITAL.—House-Surgeon. Salary £150 per annum.

LANCASHIRE COUNTY COUNCIL.—(1) Senior House-Surgeon (woman) at Biddulph Grange Orthopaedic Hospital; salary £250 per annum. (2) Dental Surgeon; salary £600 per annum.

LIVERPOOL AND SAMARITAN HOSPITAL FOR WOMEN.—House-Surgeon.

LIVERPOOL UNIVERSITY.—Lecturer in Dermatology.

LONDON JEWISH HOSPITAL, Stepney Green, E.1.—(1) Resident Medical Officer. (2) Junior Resident Medical Officer. (3) Casualty Officer (non-resident). (4) Clinical Assistants in the Surgical Department. Salary for (1) and (3) £150, and for (2) £100 per annum.

MANCHESTER: ANCOATS HOSPITAL.—House-Surgeon (Orthopaedic). Salary £100 per annum.

MARGATE BOROUGH.—Medical Officer of Health, School Medical Officer, and Police Surgeon. Salary £900 per annum, rising to £1,000.

MERTHYR TYDFIL: MERTHYR GENERAL HOSPITAL.—Resident House-Surgeon. Salary £150 per annum.

METROPOLITAN HOSPITAL, Kingsland Road, E.8.—Surgeon to the Ear, Nose, and Throat Department (male).

MIDDLESEX COUNTY COUNCIL.—Public Vaccinator for district within the Willesden Urban District.

MOUNT VERNON HOSPITAL, Northwood.—Resident Medical Officer. Salary £300 per annum.

NEWCASTLE GENERAL HOSPITAL.—(1) Senior Resident Medical Assistant. (2) House-Physician. (3) House-Surgeon. Salary for (1) £300, rising to £500, and for (2) and (3) £100 per annum.

NEWCASTLE-UPON-TYNE: HOSPITAL FOR SICK CHILDREN.—(1) Resident House-Physician. (2) Resident Senior House-Surgeon. (3) Junior House-Surgeon (non-resident). Salary £100 per annum each.

NORTHAMPTON COUNTY COUNCIL.—Assistant School Medical Officer (male). Salary £500 per annum, rising to £700.

NORTHAMPTON COUNTY MENTAL HOSPITAL, Berrywood.—Junior Assistant Medical Officer (male, unmarried). Salary £350, rising to £450 per annum (£50 extra to holder of D.P.M.).

PLYMOUTH: CENTRAL HOSPITAL.—House-Surgeon. Salary £120 per annum.

PLYMOUTH CITY.—Resident Medical Officer to Udal Torre Sanatorium. Salary £450 per annum.

PRESTON COUNTY BOROUGH.—Assistant School Medical Officer. Salary £600 per annum.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN, W.10.—(1) House-Physician; salary £100 per annum, rising to £125 on appointment as Senior. (2) Honorary Assistant Anaesthetist. (3) Honorary Assistant Dental Surgeon.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.2.—(1) Resident Medical Officer. (2) Casualty Officer. (3) House-Physician (male). Salary for (1) £200, and for (2) and (3) £100 per annum each.

ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.1.—(1) Surgical Registrar. (2) Medical Registrar. (3) Gynaecological Registrar. (4) Resident Anaesthetist to the Gynaecological and Obstetric Unit. (5) House-Surgeon to the Senior Surgeon and the Surgeon in Charge of Ear, Nose, and Throat Beds. (6) Casualty Officer. (7) Second House-Surgeon, with care of Orthopaedic Beds. (8) Third House-Surgeon. (9) First House-Physician. (10) House-Physician to Children's Department. (11) Gynaecological House-Surgeon. (12) Obstetric House-Surgeon. (13) Assistant Anaesthetist. (14) Second House-Physician. (15) District Obstetric Assistant. (16) Three Assistant Medical Officers in the V.D. Department (female, part-time). Salary for (1) £200; for (2), (3), and (15), £100; for (4) and (6), £150; and for (16), £350 per annum.

ROYAL NORTHERN HOSPITAL, Holloway, N.7.—Two Surgeons.

RYDE: ROYAL ISLE OF WIGHT COUNTY HOSPITAL.—Resident House-Surgeon (unmarried). Salary £180 per annum.

ST. BARTHOLOMEW'S HOSPITAL, E.C.—Two Chief Assistants to the Dental Department (unpaid).

ST. MARY'S HOSPITAL, INSTITUTE OF PATHOLOGY AND RESEARCH, W.2.—Research Studentship. Honorarium £200 per annum.

SEAMEN'S HOSPITAL SOCIETY.—(1) Assistant Surgeon at the Albert Dock Hospital, Connaught Road, E. (2) Assistant Medical Officer at King George's Sanatorium for Sailors, Liphook; salary £200 per annum.

SHEFFIELD ROYAL HOSPITAL.—Ophthalmic House-Surgeon (male). Salary at the rate of £80 per annum, rising after six months to £100 per annum.

SHOREDITCH BOROUGH COUNCIL.—Tuberculosis Officer. Salary £750 per annum.

SHROPSHIRE ORTHOPAEDIC HOSPITAL AND AGNES HUNT SURGICAL HOME, Oswestry.—Two House-Surgeons (males). Salary £200 per annum.

TIVERTON HOSPITAL.—House-Surgeon. Salary £100 per annum.

WALSALL GENERAL HOSPITAL.—Casualty House-Surgeon. Salary £120 per annum.

WESTMINSTER HOSPITAL ANNEXE, 66, Fitzjohn's Avenue, N.W. — Junior House-Surgeon. Salary £250 per annum.

WINCHESTER: ROYAL HAMPSHIRE COUNTY HOSPITAL.—House-Surgeon. Salary £150 per annum.

WOKING AND DISTRICT VICTORIA HOSPITAL.—Female Resident Medical Officer. Salary £100 per annum.

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL, Shooters Hill, S.E.18.—House-Surgeon. Honorarium £100 per annum.

YORKSHIRE: COUNTY COUNCIL OF THE WEST RIDING.—Assistant Bacteriologist. Salary £500 per annum, rising to £700.

CERTIFYING FACTORY SURGEONS.—The following appointments are vacant: Market Drayton (Salop), Hoyland Nether (Yorkshire), Cheadle (Staffordshire), Church Gresley (Derbyshire). Applications to the Chief Inspector of Factories, Home Office, Whitehall, S.W.1.

MEDICAL REFEREE UNDER THE WORKMEN'S COMPENSATION ACT for the districts of Beverley, Bridlington, Goole, Great Driffield, Kingston-upon-Hull, Pocklington, and Selby County Courts (Circuit No. 16). Applications to the Private Secretary, Home Office, Whitehall, S.W.1, by November 22nd.

*This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.*

## APPOINTMENTS.

AVERY, Harold, M.B., M.R.C.P., Honorary Consulting Pathologist to the Jewish Maternity Hospital, E.1.

BOOTH HALL HOSPITAL FOR CHILDREN, Blackley, Manchester, E.—*Resident Assistant Medical Officers:* Henry Tomlinson, M.B., Ch.B.Manch; Joan Robinson, M.B., Ch.B.Manch.

CERTIFYING FACTORY SURGEONS.—J. E. McCormick, M.B., Ch.B.Dub., for the Portishead District, Somerset; E. D. Owen, M.R.C.S., L.R.C.P., for the Neath District, Glamorgan; A. Ramsay, M.B.Edin., for the Fauldhouse District, West Lothian.

# DIARY OF SOCIETIES AND LECTURES.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, W.C.—Thurs., 5 p.m., Bradshaw Lecture by Mr. J. Herbert Fisher: Ocular Muscles, Movements and Judgements. Museum Demonstrations: Mon., 5 p.m., Mr. Cecil P. G. Wakeley, Specimens illustrating the Pathological Conditions of the Scalp and Cranium. Fri., 5 p.m., Sir Arthur Keith, An Account of Colonel McCarrison's Experiments in the Production of Urinary Calculi, with an exhibition of specimens.

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W.1.—Thurs., 5 p.m., Mitchell Lecture by Dr. L. S. T. Burrell: Indications for Treatment in Pulmonary Tuberculosis.

ROYAL SOCIETY OF MEDICINE.

*United Services Section.*—Mon., 5 p.m. Group Captain Martin Flack: Air-sickness and Sea-sickness.

*Section of Therapeutics.*—Tues., 5 p.m. Informal discussion: The Uses of Mercurochrome, to be opened by Dr. J. H. Burn.

*Section of Psychiatry.*—Tues., 8.30 p.m. Presidential Address, Dr. S. A. Kinnier Wilson: The Approach to the Study of Hysteria.

*Section of Surgery: Subsection of Proctology.*—Wed., 5.30 p.m. Presidential Address, Mr. Lionel E. C. Norbury: Multiple Primary Malignant Growths, with Special Reference to the Colon and Rectum. Illustrative specimens will be shown.

*Sections of Neurology and Ophthalmology.*—Thurs., 8.30 p.m.—Special Discussion: Vascular Tumours of the Brain and Spinal Cord. Openers, Dr. A. Lindau (Sweden), Mr. Treacher Collins (Section of Ophthalmology), Sir Percy Sargent (Section of Neurology); followed by Dr. J. G. Greenfield, Mr. G. Jefferson, Miss Dorothy Russell, and others.

*Clinical Section.*—Fri., 5.30 p.m. Cases at 4.30 p.m.

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BIOCHEMICAL SOCIETY, at St. Thomas's Hospital Medical School.—Fri., 5 p.m., Papers.

MEDICAL SOCIETY OF INDIVIDUAL PSYCHOLOGY, 11, Chandos Street, W.1.—Thurs., 8.30 p.m. Dr. Crookshank: Individual Psychology and the Bases of Medical Science.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.1.—Mon., 8.30 p.m. Discussion: The Diagnosis and Treatment of Malignant Disease of the Chest, to be introduced by Professor Chevalier Jackson, M.D.

PADDINGTON MEDICAL SOCIETY, Great Western Hotel, W.2.—Tues., 9 p.m., Address by Dr. C. M. Wilson: The Relationship of the Consultant to the General Practitioner.

SOCIETY OF MEDICAL OFFICERS OF HEALTH, 1, Upper Montague Street, W.C.1.—Thurs., 7.15 p.m., Annual Dinner at Piccadilly Hotel. Fri., 5 p.m., Professor David Burns: Some Points of Contact between Preventive Medicine and Physiology.

WEST KENT MEDICO-CHIRURGICAL SOCIETY, Miller General Hospital, Greenwich, S.E.10.—Fri., 8.45 p.m. Address by Dr. E. P. Cumberbatch and Dr. C. A. Robinson: Diathermy in Gynaecology.

## POST-GRADUATE COURSES AND LECTURES.

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.1.—At *Medical Society of London*, 11, Chandos Street, W.1: Mon., 4 p.m., Free Lecture, Modern Diagnostic Methods in Surgical Diseases of the Urinary Tract (with lantern slides); Special M.R.C.P. Lecture, Thurs., 8.30 p.m., Relations of the Colon and Stomach in Medicine; tickets may be had at lecture room. *Samaritan Hospital for Women*, Marylebone Road, N.W.1: Free Demonstration, Wed., 9.30 a.m. to 12.30 p.m. *Royal Westminster Ophthalmic Hospital*, Broad Street, W.C.2: Afternoon Course in Ophthalmology; tickets from the Fellowship of Medicine. *London Lock Hospital*, Dean Street, W.1: Afternoon and Evening Course in Venereal Diseases; tickets from the Fellowship. *Royal Waterloo Hospital*, Waterloo Road, S.E.: Course in Medicine, Surgery, and Gynaecology, occupying afternoons and some mornings. Tickets from the Fellowship of Medicine.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.1.—Fri., 4 p.m., Demonstration of Museum Specimens.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL, Denmark Hill, S.E.5.—Thurs., 9 p.m., Otitic Vertigo.

LONDON SCHOOL OF DERMATOLOGY, St. John's Hospital, 49, Leicester Square, W.C.2.—Chesterfield Lectures: Tues. and Thurs., 5 p.m., Tuberculosis Cutis.

NATIONAL HOSPITAL, Queen Square, W.C.1.—Mon. to Fri., 2 p.m., Out-patient Clinics. Mon., 12 noon, Vascular Disease in the Nervous System; 3.30 p.m., Neurosyphilis. Tues., 3.30 p.m., Late Subdural Haemorrhage. Thurs., 3.30 p.m., Myopathy. Fri., 3.30 p.m., Meningitis.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—Mon., 2.30 to 5 p.m., Medical, Surgical, and Gynaecological Clinics, Operations. Tues., 2.30 to 5 p.m., Medical, Surgical, Ear, Nose, and Throat Clinics, Operations. Wed., 2.30 to 5 p.m., Medical, Skin, and Eye Clinics, Operations. Thurs., 11.30 a.m., Dental Clinic; 2.30 to 5 p.m., Medical, Surgical, Nose, Throat, and Ear Clinics; Operations. Fri., 10.30 a.m., Ear, Nose, and Throat Clinics; 2.30 to 5 p.m., Medical, Surgical, and Children's Diseases Clinics, Operations.

ROYAL INSTITUTE OF PUBLIC HEALTH, 37, Russell Square, W.C.1.—Wed., 4 p.m., The Importance of a Complete Study of the Nutritional Value of Milk.

ROYAL NORTHERN HOSPITAL, Holloway, N.—Tues., 3.15 p.m., Demonstration of Cases.

ST. PAUL'S HOSPITAL FOR GENITO-URINARY DISEASES, Endell Street, W.C.2.—Wed., 4.30 p.m., Radiography, its Relation to the Diagnosis of Diseases of the Urinary Tract. Tea at 4 p.m.

SOUTH-WEST LONDON POST-GRADUATE ASSOCIATION, St. James's Hospital, Ouseley Road, Balham, S.W.—Wed., 4 p.m., Painful Feet.

TAVISTOCK SQUARE CLINIC FOR FUNCTIONAL NERVOUS DISORDERS, 51, Tavistock Square, W.C.1.—Wed., 3 to 5.30 p.m., Psychological Types and Mechanisms.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION.—At Royal Hospital for Sick Children: Wed., 4.15 p.m., Surgical Cases.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: Mon. and Thurs., 10.30 a.m. Maternity Hospital: Mon., Tues., Wed., Thurs., and Fri., 11.30 a.m.

MANCHESTER: ANCOATS HOSPITAL.—Thurs., 11 a.m., Clinical Demonstration; 4.15 p.m., Some Simple Forms of Treatment.

MANCHESTER ROYAL INFIRMARY.—Tues., 4.15 p.m., Demonstration of Ophthalmic Cases. Fri., 4.15 p.m., Remarks on Certain Symptoms of Urinary Disease.

SHEFFIELD UNIVERSITY POST-GRADUATE CLINICS.—At Royal Infirmary: Fri., 3.30 p.m., Ocular Manifestations of Syphilis.

# British Medical Association.

*OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE, TAVISTOCK SQUARE, W.C.1.*

### Departments.

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*Telephone numbers of British Medical Association and British Medical Journal*, Museum 9861, 9862, 9863, and 9864 (internal exchange, four lines).

SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)

IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

### Diary of the Association.

NOVEMBER

7 Fri. London: Consulting Pathologists Group Committee, 2.30 p.m.
English Division: Globe Hotel, Cockermouth, 3.30 p.m. B.M.A. Lecture on Ante-natal Work by Mr. H. Harvey Evers.

11 Tues. **Autumn Dinner,** B.M.A. House, 7.30 p.m.
Lewisham Division: Lewisham Hospital, S.E.13, 3.30 p.m. Clinical Meeting.

12 Wed. London: **Council,** 10 a.m.
Halifax Division: White Swan Hotel, 8.30 p.m. Dr. H. Yellowlees on Neurasthenia in General Practice.
Nuneaton and Tamworth Division: General Hospital, Nuneaton, 3.30 p.m.

13 Thurs. Ayrshire Division: Irvine. Professor James Hendry on Placenta Praevia.
Hampstead Division: Hampstead General Hospital, 8.30 p.m. Dr. W. S. C. Copeman on Rheumatism and Arthritis.
Portsmouth Division: Queen's Hotel, Southsea, 9.30 p.m., preceded by Supper at 9 p.m. Lawyers' Night. Address by Dr. L. A. Parry on Criminal Abortion.
Scarborough Division: Mr. Collinson on Some Recent Aspects of Surgery.
South Shields Division: Ingham Infirmary, 8.15 p.m. Mr. Thomas Gowans on External Diseases of the Eye: Differential Diagnosis and Treatment.
South Wales and Monmouthshire Branch: General Hospital, Merthyr, 3.45 p.m. Dr. Wentworth Taylor on "Uterine Inertia" and the Place of Spinal Anaesthesia in its Treatment.

14 Fri. City Division: Metropolitan Hospital, Kingsland Road, E. Dr. J. W. Linnell will show cases.
Hereford Division: Herefordshire General Hospital, 3.30 p.m. Professor W. H. Wynn on Modern Views on Asthma and its Treatment.
Plymouth Division: South Devon and East Cornwall Hospital, Dr. R. M. Handfield on Common Infections of the Hand.

15 Sat. West Suffolk Division: Angel Hotel, Bury St. Edmunds, 7.30 for 8 p.m. Armistice Dinner.

18 Tues. London: Dominions Executive Subcommittee, 2.30 p.m.
Finchley Division: Finchley Memorial Hospital, 8.45 p.m. Display of Films.
Lewisham Division: Town Hall, Catford, S.E.6, 8.45 p.m. Dr. H. C. Cameron on Pneumococcal Infections in Childhood.
South-West Essex Division: Connaught Hospital, Orford Road, E.17, 3.30 p.m. Clinical Meeting.

19 Wed. London: Propaganda Subcommittee, 2.30 p.m.

20 Thurs. London: Insurance Acts Committee, 11.30 a.m.
Brighton Division: Poor Law Infirmary, 3.45 p.m. Clinical Meeting.
Kent Branch: Wildernesse Country Club, Seal, near Sevenoaks, 7 p.m. Annual Dinner.
Swansea Division: Dr. Begg on Results of Insulin Treatment of Diabetes.

21 Fri. London: Spa Practitioners Group Committee, 11.30 a.m.
London: Annual Conference of the Spa Practitioners Group, 2 p.m.

# BIRTHS, MARRIAGES, AND DEATHS.

*The charge for inserting announcement of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.*

### BIRTHS.

FRANCIS.—At Lauriston House, Hereford, on October 27th, 1930, to Mieze, wife of Dr. Cyril Francis, a daughter.

HAWLEY.—On November 2nd, 1930, at Hazelbeech, Eaton Road, Coventry, to Joyce (née Sanguinetti), wife of Arthur Thomas Hawley, M.A.Cantab., F.R.C.S.Ed., a son.

MCCOMBIE.—On October 31st, at Northcote, East Kirkby, Notts, to Dr. and Mrs. W. McCombie, a daughter.

PALLISTER.—On October 5th, 1930, at the European Hospital, Batu Gajah, Perak, F.M.S., to Muriel, wife of Dr. R. A. Pallister, a son.

### DEATHS.

CREMONA.—On October 16th, Paul Francis Cremona, M.B., B.Ch.Ed. Died suddenly at Kingstown, St. Vincent, B.W.I., in his 57th year. Should anyone care to communicate with Mrs. Cremona in her sad bereavement, her address is 1454, Leeds Road, Thornbury, Bradford, Yorks.

DENNY.—On October 27th, at Liverpool, Charles Joh. Denny (within a month of his 90th birthday), M.R.C.S.Eng., etc., late of Blackwater, for 31 years M.O.H., Hartley Wintney Union. Cremated at Anfield, Thursday, October 30th, and by special request ashes scattered to the winds; no mourning.

DICKIE.—At Greystoke, Morpeth, Northumberland, on October 22nd, Hugh Dickie, M.A., M.D.Glasg.

WATTS.—On November 2nd, 1930, accidentally drowned, Cecil Francis Watts, M.A., B.Chir., M.R.C.S., L.R.C.P., of St. Bartholomew's Hospital, dearly loved only son of Francis William and Julie Watts of Hutton, Essex, aged 28 years.

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